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THE OATH OF HIPPOCRATES.

By F. R. Smith, A. M., M. D., *Assistant Resident Physician.*

Read before the Johns Hopkins Hospital Historical Club, March 14, 1892.

Although the complete works of Hippocrates are to be found on the shelves of nearly every medical library, in order to save our hearers trouble, and partly because the oath itself forms the most attractive portion of this short paper, we have given here in full the translation by Adams.

"THE OATH. Ὅρκος.

I swear by Apollo the physician, and Æsculapius and Health and All-Heal and all the gods and goddesses that according to my ability and judgment I will keep this oath and stipulation—to reckon him who taught me this art equally dear as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring on the same footing as my own brothers, and to teach them this art if they shall wish to learn it, without fee or stipulation; and by precept, lecture, and every other mode of instruction I will impart a knowledge of the art to my own sons and those of my teachers, and to disciples, bound by a stipulation and oath according to the laws of medicine, but to none others. I will follow that system of regimen which, according to my ability, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and further, from the seduction of females or males, of freemen or slaves. Whatever in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!"

After all the controversy that has raged with respect to the genuineness of this document, the weight of evidence seems to favor the opinion that the "oath" was written either by Hippocrates or one or other of his immediate disciples, despite the important fact that Galen does not include it in his list. There is nothing in the internal evidence which would give us a definite date. The appeal in the opening to special gods as patrons of medicine would show that it did not come from prehistoric times, in which all the gods were

equally powerful in the healing art, while again the assertion of Sprengel that this invocation shows that the work issued from the Alexandrian school cannot be held to be more than a supposition. Beyond this, as we read it we are convinced that it is the work of doctors and of gentlemen—of men educated, as far as the times would allow, in the mysteries of the healing art, but who at the same time understood the proper position of the doctor in society, and who thought it right to insist upon the responsibility of all who dared to undertake such duties, and the necessity of not disgracing one of the noblest professions.

In most places the text speaks for itself, and we shall confine ourselves more especially to two passages which have always presented some difficulty, and put forward some of the ideas that have been expressed on these points. The first of these is the one where the methods of teaching are mentioned; the second, where the prohibition of lithotomy is dealt with. But first we would touch lightly on a few less important points.

The opening invocation.—In very ancient times healing belonged to all the gods alike; then certain of the gods were chosen, and represented as taking special interest in this art. With the natural tendency to seek to propitiate what men fear, seen so clearly in the names given to terrible persons and objects in ancient as well as in medieval times—as the "inhospitable" sea came to be called the Euxine or hospitable sea, the Furies the kind maidens, as the dreaded fays and sprites were mentioned with bated breath as the "good people" so Apollo the destroyer became Apollo the averter of evils and "he who distributes to much-suffering mortals the medicines of the Asclepiads."

Whatever may have been his faults, Apollo could not have been idle; for besides the art of medicine, he had also under his special care prophecy, education and the art of shooting with the bow. In many a country place his representative may still be found in the person of the hard-worked country doctor. He is the weather prophet, he assists at the counsels of the school board; on medicine his decision is final, and often, perhaps, when his presence is badly needed he may be found to have gone hunting.

The colleagues of Apollo were at first (1) Artemis, who had a temple at Corona, and was the especial guardian of women and children, and later on of women during the time of childbirth. (2) Athene, who was more especially invoked in diseases of the eyes. She is called by Homer "ox-eyed" (*βοῶπις*) and "gray-eyed" (*γλαυκῶπις*), and would naturally be expected to take an interest also in the eyes of others.

But in our invocation we have not these two last mentioned goddesses, although Athene was sometimes called Hygeia. With Apollo we have Æsculapius and his two daughters, Hygeia and Panacea. Asclepias (or Æsculapius) himself was not canonized till long after his supposed death. In Homer he is a king of Thessaly, a good king and well versed in the healing art, but a mortal withal; neither does Hesiod, in his "Works and Days," hold him to be any more than an extraordinary man. But later on he had his reward, and with two of his daughters he was raised far above mortals in fame. The other two daughters who did not interest themselves in medicine deservedly sank into comparative obscurity.

Without fee or stipulation.—The teaching descended from father to son, and at first no others were taken into this close brotherhood. But later, certain others were admitted, and certainly from these pupils it was lawful to take pay. The young man mentioned by Plato as anxious to study medicine went prepared to pay for his tuition, and Galen refers to the introduction of strangers into the profession when he says that books on anatomy were not necessary as long as the teaching went down from father to son.

Abortion.—The stand taken by Hippocrates on this point differs widely from that of some of his contemporaries. Even Aristotle does not object to the operation if it be done before the time of quickening; and again Hippocrates represents the best opinions of the present day, though the idea of Aristotle seems to have had some effect on the popular mind which has not yet died out.

Giving drugs for the purpose of poisoning.—A word on this subject was surely necessary. We need not expatiate on the prevalence of poisoning everywhere all over the world, which seems to have culminated in the state of things described by Juvenal, who speaks of it as an everyday occurrence. Writing to a friend and inviting him to dinner, the satirist, after giving the *menu*, adds, with grim humor, "and mushrooms I will give thee; not of that kind which the wife of Claudius gave him for supper, after which he ate no more." He also mentions a lady who not only had poisoned several husbands, but influenced the other women "so that they dared to have their husbands, too, carried out to burials with faces black" (from poison). But passing from this, the passage leads us to enquire: "Did the physician compound his own drugs?" We must suppose so. It is true that there were *φαρμακοπῶλαι* or sellers of drugs, but these were men who dealt in poisons, madstones, charms, secret remedies, but they do not seem to have dispensed prescriptions. If Eudemus was a true representative of the class, and Aristophanes is to be believed, they were charlatans, such as would swallow poisons publicly to show the efficiency of their antidotes.

Later on we have, however, the *πημεντάριος*, who, Olympiodorus tells us, made up the prescriptions of the physicians. Thus we have a system of things that may be seen in Germany today. The doctors prescribe, the prescriptions are made up in the licensed drug stores, and, in addition, we have the tradesmen, more humble but more honest than the old pharmacopolæ, the sellers of herbs and drugs, such as are more usually bought for household or trade purposes. Pliny says the practice of writing prescriptions was carried so far that the doctors prescribed drugs of which they knew absolutely nothing.

Three kinds of teaching.—(1) *παραγγελία*, precept; (2) *ἀκρόασις*, oral instruction; (3) *λοιπὴ μάθησις*, the rest of the instruction. The views on the meaning of these three expressions are most contradictory. We will give some of the translations, feeling happy that Adams and Littré have preferred what seems the simplest translation from the Greek.

Adams holds that (1) means general instruction; (2), professional lectures; (3), everything else—practical work, etc.

Thus we might say: (1), primary; (2), higher; (3), practical work.

Foës says: (1), aphoristic exposition of precepts; (2), precepts as set forth in ordinary medical works; (3), the remainder.

Choulant: (1), general rules that the pupil would use in small operations; (2), scientific instruction; (3), bedside work.

Littré holds that (2) must mean *oral instruction*, and explains (1) as rules and precepts not only of medicine, but rules such as all physicians ought to know, in order to be perfect men as well as good physicians.

I will not cut persons laboring under the stone (οὐ τεμέω δε οὐδὲ μὴν λιθιῶντας). If this is really what the passage means, we are still at a loss to understand why Hippocrates should forbid his disciples to perform this operation. It was not because surgery was beneath the dignity of members of this school, for Cicero says, "Think ye that in the time of Hippocrates of Cos that there were special physicians, some for internal sicknesses, others for wounds, others for the eyes?"

Herodotus, indeed, in his book on Egypt, tells that there were specialists for diseases of every part of the body; but did not Hippocrates himself or his followers write on all kinds of diseases and on surgery also, and how are we to explain his reasons for prohibiting only this operation for stone? Were there, then, specialists for this operation alone? We may infer that it was no new or strange operation, for Celsus tells us of one Ammonius of Alexandria who invented an instrument for crushing a calculus too large to be taken away whole through the perineal wound, and in mentioning this circumstance he seems to assume that the operation was well known.

Again, Hippocrates himself explains the use of the sound in demonstrating the existence of a calculus; why then should he stop short here and refuse to relieve the patient himself? The assumption that there were specialists for this operation and for none other, we have no means of proving, neither can the date of the invention of the operation be fixed from any records that have come down to us.

Must we then, refusing to accept the simplest interpretation of the Greek, here look for a hidden meaning and see in these words the prohibition of castration? We cannot indeed accept the translation of René Moreau, "I will not cut those who have not stones"; but it would make things rather easier if we could be convinced that Hippocrates was condemning here a disgraceful operation, and not one that has proved of such great benefit to many sufferers. In our days castration is employed in order to supply eunuchs for the Eastern harems, and not so long ago it was practised in Italy on the "Castrati," whose beautiful soprano voices have doubtless pleased the ears of many of us in the churches. But, if not in the time of Hippocrates, at least in the times of the empire at Rome, castration had for its object the gratification of much worse passions. The Roman ladies, in order to avoid the trouble of conception, were wont to have favorite slaves castrated that there might be no drawback to the indulgence of their lusts. Heliodorus is mentioned as a type of the practitioner to whom they resorted. So flagrant became the custom that edicts against it were promulgated by more than one emperor. Later again, a physician, one Paul of Ægina, gives two methods of performing the operation. He regrets the necessity of it, but naïvely remarks that some of the rich patrons might possibly demand it and the physician be unable to resist the pressure brought to bear upon him. We might say that τεμέω is not exactly the word we might have expected in the sense of "castrate"—ἐκτέμνω or ἀποτέμνω would probably have been more usual.

Littré has resisted the almost insuperable temptation to emend the text, and is satisfied with wishing that he had found αἰτέοντας, so that the sentence could have read, "I will not castrate even those who ask it from me."

Daremberg translates: "I will not castrate even those who have stones." He thinks that those who had been operated on for calculus were impotent because one or other or both the seminal ducts were damaged; thus Hippocrates would be warning his pupils even against the semblance of evil.

There are two objections to this view, which are very apparent and seem overwhelming: (1) What would be the use of castrating a man who was practically impotent already? (2) Eunuchs in any case were valuable chattels. Would it be likely that their ranks would be recruited from men who had suffered from such a severe trouble as "calculus"?

Gomperz says people often suffered from "hardenings" in the eyelids. "Might they not," he says, "also suffer from 'hardenings' in the testicles?"

On the whole, the arguments, while supplying matter for thought, are by no means conclusive for either side.

Further history.—Of the further history of the oath we can say but little. We give here a mutilated form, which dates from the early centuries of the Christian era.

"Before the great God himself I swear that I will destroy no man wilfully—no man, whether he be a fellow-countryman or stranger, by any homicidal practice; that none shall induce me by bribes to commit a horrible crime by giving to any man noxious drugs capable of causing mortal injury; that even out of friendship I will not give them. But I raise to heaven my hands unstained and keep my thoughts unsullied by crime. I will do everything I can for the sick, and to all I will try to produce health."

Of this oath a critic satirically remarks, "All this could be found in the penal statutes."

As our oath is in some measure an agreement between pupil and master, it may not be out of place to insert here extracts from the form of "indentures" used in England nearly up to the present time.

"A. doth apprentice himself to B. to learn his art, and with him, after the manner of an apprentice, to serve from —— to —— unto the full end and term of five years from thence next following, etc. During which time the said apprentice his master faithfully shall serve, his secrets keep, his lawful commands everywhere gladly do. He shall do no damage to his said master, nor see to be done of others, but to his power shall tell, or forthwith give warning to his said master of the same. He shall not waste the goods of his said master, nor lend them unlawfully to any. He shall not commit fornication nor contract matrimony within the said term, shall not play at cards or dice tables or any other unlawful games whereby his said master may have any loss with his own goods or those of others; during the said term, without license of his said master he shall not buy nor sell, he shall not haunt taverns or play-houses or absent himself from his said master's

service day or night unlawfully, but in all things as a faithful apprentice he shall behave himself towards his said master and all his during the said term; and the said master his said apprentice in the art of medicine and surgery which he useth, by the best means that he can, shall teach and instruct or cause to be taught and instructed, finding unto the said apprentice sufficient meat, drink, lodging and all other necessaries during the said term," etc.

A modified form of the oath is still in use at some places, in McGill University in Canada, and perhaps also in Montpellier and other medical schools. For many years the surgeons at St. Thomas Hospital in London had to subscribe to the clause which forbids the cutting for stone.

Modern medical ethics, as they were put forward to us as students, looked at a doctor's position from two very different standpoints: (1), the duty of the physician to his patient and to his colleagues; (2), the duty of the patient to his physician.

If the formulators of our oath have made a serious omission, it is one not difficult to supply. There is no mention of high fees, no promise of making fortunes. We need not then assume that the laborer is not worthy of his hire, but the keynote of the whole appears to be "duty," and Hippocrates would have us learn that in the consciousness of duty done, and in nothing else, may his true followers hope for their reward.

A CHUTE FOR INFECTED CLOTHING, INTENDED FOR USE IN HOSPITALS.

By Geo. H. F. Nuttall, M. D., Ph.D., (Göttingen), *Assistant in Hygiene and Bacteriology, Johns Hopkins University and Hospital.*

Read before the Hospital Medical Society, February 1, 1892.

The accompanying figures illustrate a chute for infected clothing which has at my suggestion been recently put into operation in the Johns Hopkins Hospital. This chute fulfils certain conditions which are usually absent in such devices, and it has been deemed advisable to draw attention to its advantages, in order that such chutes may be put into operation elsewhere.

The chute, Fig. 1, consists of a trumpet-shaped, galvanized iron tube, all the joints of which have been soldered. Through the trumpet-shaped expansion clothing can be dropped vertically through the tube, which, on the outside, at its lower extremity is supplied with hooks to which a canvas bag is attached to receive the clothing. The weight of the tube is supported by a metal collar which forms a part of the chute and rests on the floor through which the chute passes into the room below. The trumpet-shaped expansion, Fig. 2, the margin of which assumes the form of a horseshoe, is closed by a hinged lid and water-joint. Hooked to the margin of the trumpet-shaped expansion and extending down the whole length of the metal tube, to the shape of which it corresponds, is a canvas lining which, if required, can be kept moistened with disinfectant solution. The canvas above, where it is hooked to the margin of the trumpet, is protected to some extent against wear and tear by a metal collar. The mouth of the chute is made large enough for the nurse or attendant to drop a good-sized bundle of linen into the aperture.

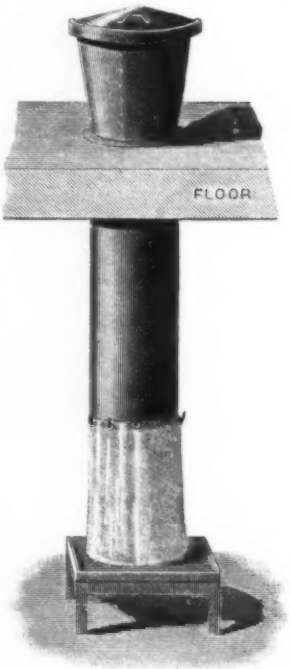

Fig. 1.—Front View.

The advantages of a chute of this construction are its simplicity and durability, as also that it guards against the entrance into the room of odors from the clothing (by means of the water-joint), and what is most important, *it can be thoroughly disinfected.* The canvas tube can be kept moist with disinfectant as already stated, and be renewed and washed at stated intervals. By unhooking the canvas above and letting it fall into the bag below, the perfectly smooth, tight metal tube can be scrubbed out and disinfected by means of a circular brush or sponge. Any infectious material in the shape of dust which might rise through the influence of ascensional currents of air on opening the cover are caught on the moistened surface of the canvas tube. The bag below can be made to rest on a metal tray, if necessary, filled with disinfectant solution, whereby, in conjunction with an apron-shaped curtain attached to the metal tubes above the hooks and falling into the tray (from which it draws its supply of moisture), complete isolation of the bag of infected clothing can be secured. The dimensions of the clothes chute are: Height of upper part above the floor, 24 inches; diameter of funnel aperture, 24 inches; diameter of tube, 18 inches.

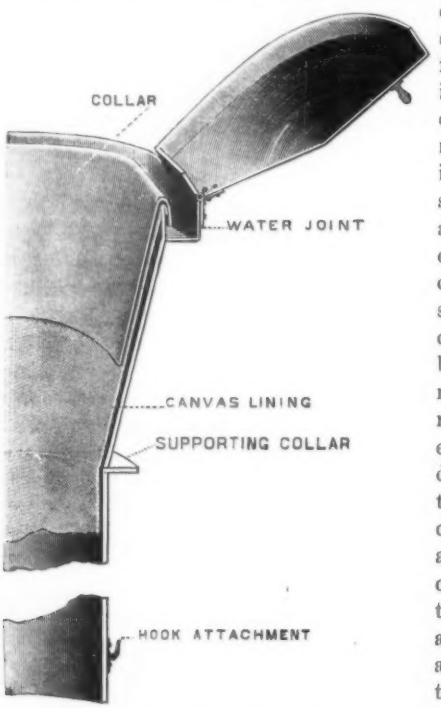

Fig. 2.—Section through Hinge.

THE BACTERIA IN WOUNDS AND SKIN-STITCHES.

By Hunter Robb, M. D., *Associate in Gynecology*, and Albert A. Ghrisky, M. D., *late Assistant Resident Gynecologist to the Johns Hopkins Hospital.*

Read before the Johns Hopkins Hospital Medical Society, March 7, 1892.

We have recently made a series of careful bacteriological investigations of the stitches removed after abdominal and perineal operations, as well as the fluids along the line of the incision, in forty-five consecutive cases, for the purpose of ascertaining the presence or absence of bacteria. The importance of such a study cannot be overestimated if we bear in mind the prevailing view that germs influence:

1. The union of freshly denuded parts;
2. The elevation of the temperature after operation;
3. The necessity of the isolation of the case when there is evidence of sepsis;
4. The choice of ligature material—because of studies showing that certain forms of ligature material are peculiarly prone to harbor germs.

It is frequently remarked by the surgeon, in a given case, that a wound has healed by "primary intention," and therefore has remained free from germ contamination. This inference, we are convinced, is unwarranted, and cannot be considered as proven, unless the stitches and fluids in the line of the incision have been bacteriologically examined, and the assertion thus proved. Sometimes the wound secretion amounts to but a small amount of serum or mucoid-serum, or sero-pus, and at other times it is mixed with a little blood, or a trace of pus-like fluid is discovered in the track of the incision, or even clinging to the buried portion of the stitch. When this stitch is removed, the organisms thus obtained present in some instances virulent characters, and are capable of producing marked suppurative changes when injected into animals.

We believe that it is impossible to secure a wound entirely free from micro-organisms, especially where tissues are constricted by ligatures; nor is it possible to affirm that the wound or the stitches are free from pyogenic organisms, without a microscopical and culture-tube examination. That subsequent suppuration will follow in a wound can often be predicted after such an examination. This we have proven in several instances where the abdominal stitches were removed on the sixth or seventh day following the operation. No induration, redness or tenderness was present around the incision, nor anywhere on the abdomen, nor was there any systemic disturbance. Yet, upon examination of the secretions and stitches removed, large numbers of bacteria were found, and when these were of a virulent character, suppuration followed, a result not alone demonstrated by our experiments, but naturally expected to occur. The practical deduction to be gained from this is evident; for example, in a case where the streptococcus pyogenes exists, either in the fluids of the incision or on the sutures, we are able at once to employ all possible means of diminishing the virulence of the organisms by disinfectants; also we are able to reduce the danger of infection in other cases.

We have examined the stitches and secretions in thirty consecutive cases of coeliotomy, and in fifteen cases of perineorrhaphy.

Examination of Sutures and Fluids.

Our method of examining the sutures and secretions has been as follows: The gauze protective dressing that covers the line of incision is removed, and then a deep stitch from the upper and lower angles and middle of the incision is taken out with a pair of sterilized dissecting forceps, by cutting the stitch below the knot on one side with sterilized scissors, and immediately the inoculations and cover-slip preparations are made. To do this it is necessary to extend the ligatures between the forceps and scissors, by holding the ends, and then a sterilized platinum needle is rubbed on all sides of the suture, and a slant agar-agar tube inoculated. From this stitch the smear preparation is made by rubbing the glass slide over it. The agar tubes are then placed in the thermostat. The smear cover-slip preparations are at once stained with methylene-blue and examined for bacteria. In all the cover-slip examinations we have found bacteria, without exception. Those present were the skin coccus (the staphylococcus epidermidis albus), the staphylococcus pyogenes aureus, the staphylococcus gilvus and the streptococcus pyogenes. Superficial stitches have been treated in like manner and the same results obtained.

The number of bacteria depends upon several conditions. We find that they are more abundant when the drainage tube is employed. In these cases there is an increased amount of secretion, both immediately around the tube and on the sutures nearest the tube. Also where the tissues are unduly constricted by the sutures, and in consequence of this constriction the number of bacteria is increased. This, in all probability, is caused by the diminished resistance of the tissues. The numbers are also influenced by the form of suture material employed.

All the sutures examined were previously sterilized, as we proved by culture methods. Catgut sutures offer less resistance to bacterial invasion and they furnish a more favorable soil for bacterial increase than either silkworm gut, silk or silver-wire sutures. The knot of the catgut suture is especially rich in organisms. It consists almost entirely of a mass of bacteria. Silk sutures contain numerous bacteria, but a smaller number than the catgut. Silkworm gut is the most resistant and harmless suture material that we have yet used. Its smooth, compact surface, without interstices, does not afford a good nidus for bacteria. We find many bacteria on silkworm gut sutures, but they are fewer than on either silk or catgut. The amount of secretion that at times is present on the silkworm gut is very slight, and renders it exceedingly difficult to procure a sufficient quantity for a microscopical examination. If the silkworm gut sutures are too dry for microscopical examination, it might seem that they were

entirely free from bacteria. This, however, we have shown is not the case, for if bouillon cultures are made of this dry ligature, we invariably obtain luxuriant growths of organisms. This is of course a crucial test. Silkworm gut does not produce the same constriction as either silk or silver wire, but acts more by splinting the tissues, and for this reason, and also that it can be so readily sterilized, it is an admirable suture material. In order to increase the resistance of catgut and silk sutures to bacterial invasion we have recently used them paraffined. They are prepared by drawing the sterilized sutures through sterilized liquefied paraffine and allowing them to harden in absolute alcohol. We are unable to make any definite statement concerning these sutures as yet.

Silver-wire sutures likewise become infected from the wound. As the silver wire cuts and bruises the tissues, it is inferior to silkworm gut.

We desire especially to emphasize the importance of ascertaining the kind of bacteria present in the wound or on the stitches. For example, in three instances the streptococcus pyogenes was found both on the sutures removed and in the secretions in the incision. Two of these cases occupied adjoining beds; well marked suppurative changes with systemic disturbances followed in each case. We immediately isolated them, thus preventing the further infection of subsequent cases. In these cases the drainage tube was not used, and this precaution, in all probability, prevented a streptococcus peritonitis, which might have happened through the medium of the drainage tube from the skin infection.

Conclusions.

From our observations we feel justified in drawing the following conclusions:

A wound at some time of its existence always contains organisms. They occur either on the stitches or in the secretions.

The number of bacteria is influenced by the constricting action of the ligatures or drainage tube, or anything interfering with the circulation of the tissues.

The virulence of the organisms present will influence the progress of the wound.

The body temperature is invariably elevated if the bacteria are virulent; and, indeed, in cases where many of the less virulent organisms are found, almost without exception, there is some rise of temperature.

Different suture materials offer different opportunities for bacterial development. The catgut suture would seem to be the best adapted to their growth. In the event of the presence of the streptococcus pyogenes or staphylococcus pyogenes aureus infection, such cases should be isolated as far as possible, to prevent the infection of subsequent cases, which almost invariably follows where isolation is not practiced.

Undue constriction of the tissue by ligatures must be avoided, if the tissues are expected to resist bacterial invasion.

Such bacteriological examinations as we have just reported teach us the importance of securing an aseptic field of work and technique, as the introduction of a virulent organism under the above circumstances would be productive of great harm.

We have no sure and absolute method of rendering the field of operation entirely free from organisms, owing to the impracticability of destroying them in the superficial layers of the skin. The staphylococcus epidermidis albus (skin coccus) is found in the skin with such regularity that the latter situation may, for all practical purposes, be regarded as its natural habitat; and our methods are not successful in reaching those bacteria in the depth of this structure.

It has been proven that the use of permanganate of potassium and oxalic acid in disinfecting the skin reduces the danger of infection from this source to a minimum.

Synopsis of Methods Used in Making these Bacteriological Examinations.

The patient is prepared for the abdominal operations by baths, and shaving of the abdomen and symphysis pubis. For one hour previous to the operation, a piece of sterilized gauze, soaked in a 1-5000 aqueous solution of bichloride of mercury, is applied over the whole abdomen. On the operating table the following steps in disinfecting the field of operation are carried out:

1. The abdomen is cleansed with distilled warm water and oleine soap, particular attention being given to cleansing the umbilicus.
2. A thorough washing with absolute alcohol.
3. A warm saturated solution of permanganate of potassium.
4. A warm saturated solution of oxalic acid.
5. A warm sterilized salt solution, 0.6 of 1 per cent.
6. Squibb's ether.
7. 1-1000 warm aqueous solution of bichloride of mercury.
8. And finally, the whole abdomen is well washed with sterilized salt solution.

The abdomen is then covered with gauze and towels which have been sterilized with steam heat, and preserved in a three per cent aqueous carbolic acid solution, and washed out in warm distilled water before being applied to the abdomen.

The incision is closed as follows:

1. The peritoneum is brought together by a continuous catgut suture, in order to avoid the infection of the peritoneum from the skin by means of the skin-stitch.
2. The skin and muscular surfaces are brought together by deep silkworm gut and superficial silk sutures.
3. The wound is covered with a mercurialized solution of celloidin 1–30,000. A piece of sterilized gauze is then placed over the incision, just large enough to cover it. This is saturated with the mercurialized celloidin, and then sprinkled with iodoform and boric acid 1–7. Over this a piece of gauze, large enough to protect the incision on all sides, is applied, and covered with the mercurialized celloidin, and the iodoform and boric acid again used. Finally several layers of sterilized absorbent cotton are applied, and then the scultetus or many-tailed bandage is adjusted. The gauze which is applied as directed is cut in two sizes, viz: the piece that immediately covers the incision is 19×8 cm., and over this is placed the larger piece, 19×12 cm.

To remove the protective dressing without discomfort to the patient, it is generally necessary to soften it with a piece of absorbent cotton thoroughly saturated with warm distilled

water, and in addition, to occasionally wet the gauze well with ether, and it can then be readily peeled off the abdomen.

In preparing the perineal cases the bowels are well opened, and douches are given of a litre of a 1 to 2 per cent aqueous solution of carbolic acid, once daily for two days prior to operation, and again on the morning of the day of the operation.

On the operating table the following details are carried out:

The external genitalia and vagina are thoroughly washed with warm distilled water and oleine soap, and the hair thoroughly removed from the labia and around the anus.

The vagina and external parts are washed with one-half litre of a warm 1–1000 aqueous solution of bichloride of mercury, and with warm distilled water. A piece of sterilized gauze is then applied to the parts, well up on the abdomen, covering also the perineum and buttocks so as to protect the ligatures from infection during the operation. An aperture is cut in the gauze of sufficient size to admit of the necessary manipulations.

The stitches, in the abdominal cases, are removed on the seventh to eighth day following the operation. The stitches in the perineal cases are removed on the seventh day.

Results.

An examination of these cases gives the following result:

Stained smear cover-glass preparations showed bacteria in all cases (three not examined microscopically). In some instances only a few were seen; particularly was this true of those preparations made from the silkworm gut sutures. The cocci were almost always to be found within the polynuclear leucocytes, and when they were numerous they were found filling the cells (leucocytes), and their morphology was like that of the gonococcus. The polynuclear leucocytes were always present in great numbers, and many with fragmented nuclei.

Analysis of cases:

Staphylococcus pyogenes aureus and the staphylococcus epidermidis albus were associated on one or two stitches. On the remaining sutures were the pure staphylococcus epidermidis albus	3 cases.
Staphylococcus pyogenes aureus on every suture associated with the albus	2 "
Staphylococcus gilvus	1 "
Staphylococcus gilvus and albus	2 "
Streptococcus pyogenes with staphylococcus epidermidis albus	1 "
Streptococcus pyogenes	3 "
Total cases	12

The remaining 33 cases gave pure cultures of the staphylococcus epidermidis albus, and the organisms varied in number, according to the moisture of the suture, and the suture material employed.

Examination of two cases was made the following day after the sutures were removed. One was a case of extra-uterine pregnancy, and the other of an adherent right ovary. Both of these cases gave the staphylococcus pyogenes aureus, and the organisms were pathogenic for rabbits. After six days' inoculation in the ear vein .5 cc. bouillon cultures 24 hours old, the rabbits died with characteristic lesions, and the organisms were recovered in pure cultures.

Six rabbits inoculated with the staphylococcus epidermidis albus (skin coccus) from six different sources (sutures in abdominal cases) were without positive results. The dose varied from .5 to 1 cc. of bouillon culture 24 hours old. One rabbit died after two weeks, but nothing was found at the autopsy, and no growths from the inoculations made from the organs. The rabbits invariably looked and seemed ill, but they recovered.

OBITUARY.—JOHN AMORY JEFFRIES, M. D.

Died in Boston on March the twenty-fifth, John Amory Jeffries, M. D., M. M. S. S., in the thirty-second year of his age. Dr. Jeffries graduated from Harvard College in the class of 1881, and from the Medical School in 1884. After a year's study in Europe he returned to Boston, where he has since practised his profession.

He was a man of unusual energy and ability. In his death the medical profession, not only of Boston but of the whole country, has suffered a very great loss. His bent was always toward scientific medicine, and while feeling the necessity of engaging in active practice, he spent every spare moment of his time in original investigation in the pathological and bacteriological laboratories of Harvard University; and he carried into his practical work the sound and systematic methods which are the best fruit of such labors.

Dr. Jeffries was Physician to the Department of Nervous Diseases in the Boston Dispensary, and Assistant Physician to the Nervous Department of the Boston City Hospital. He was a member of the American Neurological Association, the American Pædiatric Society, the American Association for the Advancement of Science, and the American Society of Naturalists.

W. S. T.

Mr. William T. Dixon has been elected President of the Board of Trustees of the Johns Hopkins Hospital, to succeed the late Mr. Francis T. King.

Mr. James L. McLane has been elected a member of the Board of Trustees of the Johns Hopkins Hospital, to succeed the late Hon. George W. Dobbin.

RICHARD SPRIGG STEUART, M. D.

By John Morris, M. D.

Read at the Johns Hopkins Hospital Club, Dec. 14, 1891.

It is my privilege to submit to you to-night a short sketch of the life and character of Dr. Steuart, father of the Maryland Hospital for the Insane.

The material for a biography of Dr. Steuart is meagre, for the reason that, like many men of his time whose lives were full of activities, he had little leisure for literary work, consequently he has left to us but slight record of the labors of his useful life. This is greatly to be regretted, inasmuch as he was a man of both education and taste.

Dr. Quinan, in the "Medical Annals of Baltimore, Past and Present," gives us the following outlines of Dr. Steuart's life:

"Richard Sprigg Steuart was of Scotch descent, and both his father and grandfather were physicians. He was born in Baltimore in 1797, was educated at St. Mary's College, served as aide-de-camp in the battle of North Point, 1814, commenced the study of medicine with Dr. William Donaldson, and graduated at the University in 1822; was Professor of Practice in the same, 1843; President of the Medical and Chirurgical Faculty of Maryland, 1848–51; Vice-President of American Medical Association, 1849; Superintendent of Maryland Hospital for the Insane, 1828–42 and 1869–76, and founder of Spring Grove Asylum. Died 1876, aged 78. He was an enlightened physician, a public-spirited citizen and a courteous gentleman. He early adopted advanced views in regard to the insane, to whose relief he devoted his life and means."

My own personal recollections of Dr. Steuart are agreeable indeed. I had the pleasure and benefit of his acquaintance for nearly forty years. He was a man both of vigor of character and intellect. As before stated, he did not at any time devote himself to literary work; indeed, it was not the fashion of that time. Dr. John Buckler, his contemporary, who was considered the leading physician of the city, has not left a line to perpetuate his memory, and only lives in the hearts of a few surviving friends and grateful patients.

Dr. Steuart was appointed to the Chair of Practice in the University of Maryland, but he never lectured. Had he done so he would have proved a popular teacher, for he was fluent in speech, graceful in manner and pleasing in person. His manners were those of the old school—manners, sad to say, that are fast disappearing. He possessed an easy dignity which attracted, rather than repelled, approaches. His remarkable suavity and tactful personality were both shown in the success he attained in securing contributions to benevolent objects. No one had the power to refuse him; his gentleness, his enthusiasm, his eloquent speech were irresistible. He was instrumental in bringing Miss Dix to our State in 1852, and introduced her to the members of the Legislature at Annapolis, where she spent the whole winter. I was a member of that body at the time. I can remember vividly the tender pleadings of that most excellent woman, who did so much in our country for the cause of the insane. Supported by Dr. Steuart's vigorous, untiring energy, she obtained from an unwilling, reluctant body an appropriation for the new Asylum at Spring Grove.

Dr. Steuart was never an idle man. Before the war he possessed a large, productive estate on West River, Anne Arundel County, and many servants (slaves), but this did not cause him to give up his life-work. His mind, his heart, his purse were ever at the call of the unfortunate.

Dr. Steuart was a representative man in every sense of the word. He was a representative of his profession, in the pursuit of which he had shown much skill and in which he had acquired great honor; he was a representative man in society, but particularly so as a citizen. As the descendant of an old family, he exemplified in his life the courage, the generosity and the energy of his race.

The following memorandum by Dr. James A. Steuart, of Yonkers, N. Y., is of special interest, as showing the connection between Dr. Steuart and Johns Hopkins:

Johns Hopkins was for many years a member of the Board of Visitors of the Maryland Hospital, and it may readily be supposed, that a part at least of his philanthropic inspiration was drawn from his association in the work of caring for the insane—that most pitiable portion of humanity—with such men as Dr. Steuart and his associates.

The writer of this sketch can bear personal testimony to the influence exerted by Dr. Steuart over the mind of Mr. Hopkins, in choosing the site of the Johns Hopkins Hospital. After the building of the new Hospital in 1866 had been resumed, it was decreed by the Legislature that the grounds and buildings of the *old* Hospital should be sold to pay for the *new*. The incident took place on the occasion of an annual Board meeting at the old Hospital and just prior to the removal. The subject had been discussed at the Board, as to how the property should be sold and for what price. Several propositions had been presented by property agents and others, but nothing had as yet been determined upon. Dr. Steuart and Mr. Hopkins were standing together just after dinner on the front steps of the Hospital, when Dr. Steuart, who had held many conversations with Mr. Hopkins in regard to his already declared intention of leaving the greater part of his great fortune to found a university and a hospital, said to him: "Hopkins, why will *you* not buy this property and hold it as a part of your estate which you intend to bequeath for such noble purposes, and found your great hospital here upon this historic ground? The space is ample, the situation all that could be desired for the purpose, and I will use all my influence with our Board to sell it to you—in view of the great purpose you have in mind and the great benefit to be derived in future ages by the citizens of the State—for $150,000. And this, as you know, is far below its market value. If you should postpone action in the matter, the Board will be obliged to sell and your opportunity will be forever lost; unless," he added, "you care to pay more to others at a later period to recover the property for the site of your hospital." Mr. Hopkins, as was his habit, deliberated for some minutes, and at last said: "Doctor, what you have said has great weight in my mind and I will give you an early answer." Not many days after this conversation Mr. Hopkins purchased the property where now stands the Johns Hopkins Hospital.

PROCEEDINGS OF SOCIETIES.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

Meeting of December 7th, 1891.

Dr. Halsted in the chair. Number of members present, 50.

Exhibition of Specimens.—Dr. Councilman.

Dr. Councilman exhibited the organs of a case of tuberculosis of testicle and miliary tuberculosis.

Patient entered hospital September 18th. His general health had always been good, though not robust. Two months before admission he had an attack of malarial fever which lasted five weeks. Five days before admission had sudden attack of pain in left side and, following this, painful respiration and slight painful cough.

On admission, patient well nourished. Mucous membranes of good color. Tongue has a whitish coat. Slight general erythema all over trunk. Face flushed. Temperature 102.6°, pulse 104. On 21st of September a few hyaline casts found in urine; no albumen, but intense diazol reaction, which disappeared in a few days. The general range of temperature became lower and patient became much brighter. On October 1st the temperature again rose and the diazol reaction returned in the urine. On October 25th it was noticed that the epididymis on the left side was swollen hard and nodular. No tubercle bacilli at any time in the expectoration. On 28th of November patient became delirious, picking at the bed clothes. The pupils were unequally dilated, the left of medium size, the right moderately dilated. No evidence of hemiplegia. Distinct diazol reaction in urine at this time. November 30th pupils nearly equal. Corneal reflex on left side sluggish. Left pupil a little more active than right. Left arm almost motionless. Right arm can be moved voluntarily. Left arm drops as if paralyzed. The right leg resists flexion and extension. Left leg drops loosely. Patellar reflex small on both sides, more marked on left. Face symmetrical. Patient became unconscious shortly after this and died December 1st.

Autopsy.—Body slightly built, emaciated, pale and anæmic. The left testicle very much larger than the right, and is indurated and nodular. The epididymis and cord on same side enlarged and indurated. No enlargement of external lymph glands.

The skull and dura mater show no abnormalities. The pia slightly cloudy on upper surface of brain. At the base of the brain the pia is thickened and cloudy, and there is a considerable accumulation of fluid in the pia arachnoid. On either side in the Sylvian fissure the pia is firmly adherent and thickened by a caseous exudation. Along the blood-vessels here, and in general at the base of the brain, there are numerous miliary tubercles. In the left lobe of the cerebellum there is a small solitary tubercle ½ cm. in diameter.

The dura of the spinal cord is thickened, the pia roughened and opaque, and at various places, especially along posterior surface of the dorsal portion, it contains numerous miliary tubercles along the vessels.

The surface of the peritoneum generally is free from tubercles, but there are numerous patches of miliary tubercles on the lower surface of the diaphragm in the vesico-rectal fossa and in the lesser peritoneum.

Both lungs are tightly bound down by adhesions which are thicker and stronger on the left side. On section they contain numerous areas of miliary tubercles and small areas of caseous pneumonia around the bronchi. Some of these areas show beginning of softening.

Pericardium and heart are normal.

The posterior mediastinal lymph glands are enlarged and caseous. The thoracic duct is enlarged and adherent to one of these caseous glands. On opening it, a caseous mass is found projecting into it and almost occluding it at this point.

In the liver, spleen and kidneys there are numerous miliary tubercles.

The left testicle is greatly enlarged; both the testicle and epididymis contain large caseous masses which involve almost the entire gland, only a small portion at the periphery being free from tubercles and caseation. The epididymis also contains large caseous masses which are very soft and easily washed away, leaving large cavities with rough caseous walls. The cord is thickened, and shows on section a caseous mass extending through the entire cord. The seminal vesicles on the same side are enlarged and converted into a solid caseous mass. Extending from this there is a tuberculosis of the ejaculatory duct. The prostate on this side is not affected, but on the other side there are numerous tubercles in the substance of the gland.

All the retro-peritoneal lymph glands are enlarged and caseous; the mesenteric glands are not so much affected. The small intestine contains numerous small ulcers.

The case is an interesting one, from the situation of the primary focus, and the clear demonstration of the mode in which the virus gained entry into the vascular system, producing the general miliary tuberculosis.

There can be little doubt that the affection of the testicle should be regarded as the primary focus. From this the course of the infection can be easily followed by the lymphatics to the post-peritoneal lymph glands, and from here to the thoracic duct, by means of which, the bacilli being carried into the blood circulation, the general systemic affection resulted.

Hæmaturia of Doubtful Significance.—Dr. Brown.

In February of this year a gentleman, æt. 35, married, a clerk, came to my office complaining of passing bloody urine. His family history was good. He had always been a temperate and active man. He never had had any venereal disease. Had suffered somewhat from hæmorrhoids. He stated he had had two attacks of hæmaturia; the first one occurred in October, 1885, lasted six weeks, came on suddenly and spontaneously, and disappeared in the same way. During this time the urine was persistently bloody. In November, 1890, blood again appeared in his urine, coming on again suddenly and without apparent cause. Though varying in intensity, the urine being more highly colored at times than at others, the hæmaturia had been persistent up to the time of his visiting me. In neither of these attacks had there been any pain or frequency of micturition; he did not pass any clots. As far as he knew, he had not lost flesh nor had he ever been incapacitated for business.

He is a sparely built man, slightly under medium height. His abdomen is flat, so that the viscera are relatively easily defined. His face is pale; weight 130 pounds. Examination of abdomen, rectal examination, and sounding were all negative in their results. The heart and lungs were found normal. The urine, which was of a uniform bright red color, there being no difference between the first and last passed, had an acid reaction, sp. gr. 1.018 to 1.020, and normal in quantity, this varying from a 1000 to 1300 cc. in 24 hours. It was carefully and repeatedly examined microscopically, but never was found to contain any formed elements except blood corpuscles.

Sounding and washing out with sterilized salt and borax solution were practiced on three or four different occasions, without, however, yielding any new evidence. The bleeding was not modified by rest or movement. Various astringents, including the perchloride of iron, which he thought stopped the bleeding on the first occasion, were prescribed without any effect. The patient ceased his visits on March 13th, and I did not see him again until the fourth of last September. He stated that during this interval

his urine had been persistently bloody and there had been no appreciable change in his condition, unless it was that he was feeling a little weaker. After again examining the patient and making careful and repeated investigations of the urine without obtaining any further evidence of the cause of the hæmaturia, the bladder was explored from the perineum on November 2d. The patient being thin and having a normal pelvis, this examination proved to be satisfactory in every way. The mucous membrane was found everywhere to be smooth and normal to the touch; nothing in the slightest way suggestive of a tumor could be felt. The patient's recovery after this slight operation is without interest. The wound in the perineum has long since closed, and in two weeks he was out attending to his business. After the operation the urine contained, in addition to the blood corpuscles, some pus and epithelial cells. The bladder being thus excluded and the source of the bleeding being evidently in the upper part of the urinary tract, the nature of the disease producing it, as well as its seat, whether on the right or left side, in the kidney substance, renal pelvis, or ureter, is still to be determined. Reasoning by the method of exclusion, it seems probable that the cause of the hæmaturia in this case is a neoplasm of some kind, possibly a papilloma of one of the renal pelves, not probably cancer, for patients with this disease of the kidney rarely live longer than two years from the first appearance of symptoms, and the pain and hæmaturia are, in the vast majority of the cases, soon attended by a perceptible swelling in one or the other loin.

An Acute Myxœdematous Condition occurring in Goitre.—Dr. Osler.

Dr. Osler showed the following case, which he regarded as very probably an instance of acute myxœdema occurring in enlargement of the thyroid:

R. D., aged 23. Father died of bronchitis; mother living, aged 58, no goitre, two sisters, four brothers, all living and well. No nervous trouble in family. Always well and strong, no illnesses. Present trouble began three and a half months ago with constipation, stomach disorder, chilliness at times, and then swelling began in the face and hands, sometimes in the muscles of the arms. The face was decidedly swollen, and has remained so ever since. No disturbance of sensation or motion in the face. He is certain that the feet and legs were neither at this time nor since swollen. Says his face felt stiff, the eyelids sometimes puffy. The swelling of the thyroid gland came on at the same time. No polyuria, no vomiting, general health good, appetite fair, and he has attended to his business all the time. Occasionally had shooting pains in the chest.

Present state.—Well built, well nourished man. Musculature up to the average. Palms of the hands sweating. Face looks a little swollen and puffy, the color of the lips and conjunctivæ below par, no exophthalmos, eyes grayish brown. There is no pitting, and the upper eyelids alone look a little infiltrated. Face not nearly so much swollen as three weeks ago. Says he feels it himself, particularly when he laughs. Tongue clean. The thyroid is enlarged, symmetrically, middle and lateral lobes. The pulsation is marked. There seems to be a diffuse impulse in the entire gland, not simply a transmitted impulse from the carotid. The veins are not distended.

Thorax well formed, sternal notch is obliterated, expansion good. Apex beat is in fifth interspace, just below nipple, not very forcible. No increase in cardiac dullness, no dullness beneath manubrium. Soft apex systolic, not transmitted beyond mid-axilla, sounds clear at base. Second left, a little reduplicated, aortic second not specially accentuated. Pulse 84, vessel not stiff.

Auscultation of the thyroid.—Loud systolic murmur without any pressure. On the lateral lobe the murmur is a continuous hum.

Urine.—Sp. gr. 1.027, no albumen, no sugar.

Ordered fluid extract of ergot in twenty minim doses, three times a day, for the first ten days; twenty-five minims for next ten days, and thirty minims for next ten days.

Nov. 5.—Patient has been taking ergot in thirty-drop doses three times a day and has distinctly improved. The face looks less full, the color is better, and he says it does not feel so stiff.

Nov. 20.—Patient came to hospital to-day. Has been much worse the past week. The face is swollen, not puffy, but full and bloated-looking, particularly evident in the nose, cheeks and lips. The backs of the hands were not specially swollen, but the pads of the fingers were distinctly swollen, tense and sore. The thyroid does not seem more enlarged. He was ordered to increase the ergot.

April 1.—The patient has been under treatment all winter and is in many respects better. The face still looks a little enlarged, but the hands are not swollen. He has been at work; there is no trace of mental impairment.

Congenital Absence of Radius.—Dr. Warfield.

I wish to report a case of congenital absence of radius in a boy, Walter O'R———, aged fourteen. He is a well-grown boy, five feet two inches in height, and otherwise well formed. Both radii and both thumbs are wanting. The ulnæ are curved inwards and are quite short, the right one being 6 inches long and the left one 5¼ inches. The humeri are twelve inches long. The hands are bent inwards, making almost a right angle with the ulnæ. The pisiform bones are present, but most of the other bones of the wrist appear to be wanting. The biceps muscle seems to be absent. No pulse can be made out at the wrist. Motion at the elbow is good, but at the wrist pronation and supination are wanting. In spite of his deformity, the boy can write, play ball, fight with other boys, and amuse himself as other boys of his age do.

Exhibition of Cases.—Dr. Morison.

Immigrant dermatitis.—The patient is a Russian, and has been in this country only seven weeks. The eruption has been much worse than it is now, and it commenced just after he arrived here. The eruption presents itself as a form of urticaria bullosa, and when the patient came to the Dispensary there were split-pea to dime-sized vesicles situated over the inner surface of the right ankle, also discrete and confluent pustules and scabs round the middle third of the right leg. The general appearance of the leg was swollen, very red, hot and œdematous. The patient also complained of severe itching. Last summer we had in the Dispensary quite a number of similar cases, some of which were much more marked in their general characteristics and distribution. All the cases developed distinct wheals, variously sized vesicles and bullæ, together with redness and œdematous swelling of the surrounding tissues. The parts generally attacked were the hands, forearms, feet and legs. This disease seems to be due to the change of diet and climate that emigrants are subject to on arriving here.

The treatment in this case has been the external application of the fl. ext. grindelia robusta, and internally, Fowler's solution, with good results.

Hereditary syphilis.—This case is a good example of the manifestations of hereditary syphilis. Here is a boy who is decidedly stunted in growth, his appearance leading you to believe that his age is about twelve or thirteen years, whereas he is sixteen. There is a history of the father having had syphilis which was communicated to the mother before the patient was born. There were two other children born before this boy, and they died after having showed signs of hereditary syphilis. They lived only a short time.

When the patient was born he had a general eruption over his body; this was followed later on by an attack of interstitial keratitis and rheumatism in both knees (three years ago). Two years ago he had a broken-down gumma on the right side of his chest which has left a cicatrix.

His appearance now shows decayed teeth, and the presence of four distinct, broken-down, walnut-sized gummata on the scalp. When he first came to the Dispensary the gummata were much softer than they are now, showing that they are undergoing absorption.

On the front of the right tibia there is an irregular node.

The treatment consisted in the administration of the house specific (hydrarg. bichlor. gr. $\frac{1}{12}$ and potass. iodid. grs. v).

Alopecia areata.—The next case is a very typical example of general alopecia areata in a child twenty-two months old. As you notice, there is absence of hair on scalp, and there are no eyebrows nor eyelashes. The duration of this affection is one year. It followed an attack of malarial fever. Under our treatment the hair is returning on the eyebrows and eyelids.

The treatment we are adopting is the application to small areas at a time of a mild escharotic, consisting of hydrarg. bichlor. grs. v, acid salicylic ʒ i, and collodion ʒ i. The prognosis of this case is good.

HOSPITAL HISTORICAL CLUB.

Meeting of March 14th, 1892.

Dr. Hurd in the chair. 24 members present.

The Oath of Hippocrates.—Dr. Smith. [See page 33, April Bulletin.]

Dr. Morris said that prior to the late war the sons of medical men were educated at the medical colleges of the South without payment of fees.

Presentation of Foesius' Hippocrates.—Dr. Kelly.

Dr. Kelly presented a rare copy of Foesius' Hippocrates to the Library of Johns Hopkins Hospital, two volumes, folio, bound in one, and published at Geneva 1557 and 1562, and exhibited several other rare editions from his own private library, two editions in Greek, seven in Latin, and one in Greek and Latin. Dr. Morris mentioned that he had in his possession an edition of Hippocrates in Latin, which was the former property of Dr. Potter, the first Professor of Theory and Practice at the University of Maryland, and which he would present to the Library of the Hospital.

Hippocrates on Diseases of Children.—Dr. Booker.

Dr. Booker gave a summary of the writings of Hippocrates relating to diseases of children.

Hippocrates on the Diseases of Women and Parturition.—Dr. Hunter Robb.[1]

The observations of Hippocrates on Obstetrics and Diseases of Women have played no less an important role than his teachings in other branches of medicine. The chapter on the "Diseases of Women" is, by some authorities, particularly Galen, endorsed as one of the *genuine* treatises of Hippocrates; however, the weight of historical evidence rejects the authenticity of this, with several treatises following relating to similar subjects. Here, however, are many interesting discussions, all of great antiquity, certainly antedating the age of Aristotle.

In the first part of the treatise on the "Diseases of Women" the subject is menstruation and the causes of sterility. For the cure of sterility, fumigations of the uterus are recommended, and the method of carrying them out is minutely described. A tube is introduced into the uterus and joined to a vessel which emits aromatic fumes.

Sterility associated with a contracted cervical canal was treated by opening the canal with wooden or leaden pipes, corresponding to the operation which we perform of dilating the cervix with dilators and sponge-tents.

A description is given of the malformation of the vagina in which the passage is closed by a membrane. This seems to describe abnormal rigidity of the hymen. The treatment advised is tearing the membrane and dressing the parts with wine and myrrh.

In obstetrics, faulty presentations of the fœtus are discussed; particularly transverse and foot presentations. It is advised under these circumstances to bring the child's head down, after the manner of performing cephalic version. The dangers of such presentations were fully appreciated and held to be fatal to either mother or child, and sometimes both. The dangers of a placenta retained within the uterus were clearly recognized; if it does not come away it becomes decomposed and then discharges on the sixth or seventh day. To hasten its expulsion the following drugs are advised: southernwood, dittany, the flowers of the white violet, and asafœtida.

Abortion is carefully considered, and particular stress laid upon the dangers attending the retention of the membranes. Abortion was considered to be more dangerous than delivery at term; the account goes on to say that abortion is always the result of violence, whether produced by medicine, a draught, food, a suppository or other means.

Hydrops uteri is discussed at considerable length. Ulcers of the uterus were recognized as a distinct lesion and treated by stimulating applications, such as flos argenti, etc. The subject of difficult delivery is again discussed in those cases where the arm or leg of the living child presents. For the treatment of these cases the presenting part is pushed back and the head of the child brought down as with transverse and foot presentations. Where the fœtus is dead the same treatment is recommended; or the part thus protruding can be cut off and craniotomy performed by perforating the skull with a sharp knife and extracting the bones, after which the body is brought down. If there be any difficulty in delivering the body the chest may be opened.

The second book begins with a description of fluor albus, which was considered an affection peculiar to old women, and caused by suppression of the menses from parturition or by fever. For its relief are mentioned the application of cupping instruments to the breasts; also vegetable astringents, such as sumach boiled in vinegar, mulberries, or the like.

A full description of red fluor or uterine hemorrhage is also given, and was considered to be principally connected with parturition. The treatment advised for this, and which has been carried out within recent years, is the application of a wet sponge to the external genitalia; also soft cloths were to be moistened with cold water and laid on the abdomen, the foot of the bed being raised. When this hemorrhage is associated with decomposition, many women thus perish—and indeed few recover.

A long account is given of hysterical convulsions, which were said to attack principally antiquated maidens and widows.

A good description is given of what is generally termed procidentia uteri, or prolapsus of the uterus. Inflation of the uterus is also described. There is also a description of the mole. The clitoris is detailed under the name of columna.

This portion of the works of Hippocrates contains a considerable amount of important matter. It shows that the art of obstetrics was practiced with great ability at such an early period. It is in all likelihood probable that the diseases of women and parturition at that time were under the care of male practitioners, but it is thought from the life that Hippocrates led, going from place to place, and being what is now termed a consulting physician, that he could not have possibly familiarized himself as thoroughly with the minutiæ of obstetrical cases as the work shows, and from this it is argued that in all probability he was not the author of its contents.

[1] Abstracts made from the translation of Hippocrates by Adams.

Chapter 39 of this same book gives a short discourse "On Sterile Women," and in style it is much after the manner of the preceding one. The most common cause of sterility is considered to arise from lesions of the os uteri as by constriction and cicatrices; also malpositions of the uterus play an important part in this affection, particularly when the uterus was oblique to the vaginal canal. Careful instructions are given for dilating the contracted mouth of the womb, after which a cleansing application of cantharides and myrrh was made to it.

On the Complaints of Young Women.—Chapter 40 considers briefly this subject. This is generally regarded as rather a prelude to the one on the diseases of women. The major part of this chapter discusses the nature of hysterical convulsions. The author of this gives very naïve advice to virgins who have hysterical attacks, and says that instead of making costly oblations of wearing apparel and the like to Diana, as advised by the prophets, he gravely advises them ὡς τάχιστα συνοιχῆσαι ανδρασι!!

On Superfœtation.—Chapter 41 is occupied with this subject, and some interesting observations are recorded. The ancient writers fully believed in the occurrence of superfœtation, as demonstrated by the works of Aristotle and Pliny. Among the interesting observations made the following exist: When the secundines are evacuated before the child they produce difficult parturition, and the case is dangerous unless the head present. When the placenta is retained after the delivery of the child, the child is laid on wool, or two bladders which are filled with water, and one of these bladders is punctured so that the water may gradually run off and thus draw down the placenta. If a copious discharge of blood takes place before labor there is a risk that the child is dead, or at least not viable. If a woman with child should long for coals the appearance of these things will be seen on the child's head.

The composition of suppositories for cleaning the uterus is carefully described at the end of the treatise.

Some Medical Notes made on a Trip to Havana.[1] Being the Substance of a Report made to the Historical Club of the Johns Hopkins Hospital, 14th March, 1892.—Dr. George H. F. Nuttall.

The Medical Department of the University of Havana.—The Order of Predicadores, occupying the Convent of San Juan de Letrán, obtained from Pope Innocent XIII, by a bull dated 12th Sept., 1721, authority to form a University and confer degrees. By royal order dated 23d Sept., 1728, the University was created under the title of "The Royal and Pontifical University of Havana."

The Medical School at present occupies the old Convent of the Inquisition, a building of the usual Spanish type, with central "patio" or court. The course of medical instruction lasts nine years. Every year from 36–40 Licentiates are graduated, but few take the degree of Doctor of Medicine, on account of the expense involved. The Spanish Government contemplates withdrawing the privilege of conferring Doctor's degrees from the University of Havana, to the just indignation of all who are interested in the progress of education on the island—as this is the only University it possesses. The consequence of such a step will be that any one desiring the degree of Doctor will have to go to Spain to obtain it. The various laboratories present a strikingly French appearance, on account of the large amount of French apparatus one sees about. Apparently, only French and Spanish text-books are used by the medical students, as is the case in Mexico. Dissection is conducted in the open air, under the shadow of a shed, and bodies are promptly disposed of.

The Military, Merced, and Leper Hospitals.—The Military Hospital is a large, old-fashioned, unhygienic building; the wards are dark, and it is scarcely to be imagined well ventilated in summer, as the beds are placed very close together and the air-space limited. On visiting the hospital we saw several cases of yellow fever, which are treated at this season in the ordinary wards alongside of other patients, this disease being regarded as similar to typhoid in the matter of communicability. In the yellow fever season (June–September) a special ward is used for cases suffering from this disease; the death rate therein is so great that the physician in charge is styled the "Undertaker" by his professional brethren. We were considerably surprised to learn that the Spanish Government loses 25 per cent of all troops sent from Spain to Havana through yellow fever. As the native population shows a marked immunity towards yellow fever, this disease, in the hope of a revolution against Spain, will be a strong ally for the Cubans.

The Merced Hospital is of quite recent date, being beautifully situated on the outskirts of the city, on a gradual slope which affords an excellent drainage down to the sea. The wards of this hospital are large and airy, well ventilated, and kept in the best condition. We were delighted to see the good order that prevailed. The eye is relieved by palms and shrubbery growing in tastefully arranged gardens between the wards. Here, too, were to be seen a few cases of yellow fever in the open wards.

The Leper Hospital of Havana, styled the "Real Casa Hospital de San Lazaro," was founded through the munificence of a Mexican Jesuit, Don Pedro Alegre, who was born in Vera Cruz and subsequently came to Havana. Alegre was known in Europe through a translation of the Iliad into Latin. On the 28th of June, 1681, he presented the Government with a tract of land outside the walls of the city, on which land stood various houses. The object of the donation, as stated in the deed of gift, was "to supply an asylum for the unfortunates who suffer or may suffer the evil of St. Lazarus, and to those who, on account of the contagion, are obliged to live apart from the population." The only condition made was "that one of the houses be reserved exclusively for the abode of his son Pedro," who suffered from the disease.

At the end of the 17th century the buildings were destroyed by a hurricane, but were subsequently reconstructed. In 1714 an appeal on behalf of this institution was made to Philip V, but the hospital seems to have continued to be for many years in a very bad condition; ruined buildings, filth, intemperance and immorality existing to a high degree.

In 1854, Dr. D. Manuel Gómez Marañon took charge of the hospital, and during the eight years of his administration great changes were brought about, for through his energy and influence a building costing $180,000 in gold was erected. About this time the Sisters of Charity came as nurses in charge of the departments for women. It might be noted here that the Sisters are also found in the other hospitals in many capacities doing noble work. Whilst in the Military Hospital the Apothecary is in charge of regular officers, at the Merced Hospital the Sisters have charge of this department, as also of the nursing, kitchen and stores in both the Merced and Leper hospitals.

At present the hospital is in good condition. The number of patients varies between 80 and 90; rarely as many as 100 are present. Cases of elephantiasis are also admitted from custom, this disease and leprosy having formerly been regarded as identical. There are 25 attendants in the hospital. The resident physician, Dr. Arango, conducted us most courteously about the hospital, and gave us an opportunity of photographing several typical cases of leprosy. To Dr. Arango, as also to the report of the hospital printed in 1890, am I indebted for the data concerning the Leper Hospital which are given in this article.

During 12 years (ending with the date of the report), 216 cases were admitted to the hospital. Of 75 cases present in 1889, 29 were cutaneous (tubercular or macular), 22 anæsthetic, 23 combined cutaneous and anæsthetic or "complete" leprosy.

According to the hospital statistics the Chinese are most frequently affected by the anæsthetic, and the whites by the tubercular

[1] In February, together with Drs. Ghriskey and Baltzell, of the Hospital Staff, the writer took a trip of three weeks to Cuba. Whilst in Havana, through the courtesy of the Professors of the various departments of the University and those attached to various institutions and hospitals, we were enabled to see a good deal that interested us. To Dr. Emilio Martinez are we most particularly indebted for a great deal of personal kindness and attention.

and macular type, whilst the negroes show no special tendency to be affected more by the one than by the other of these forms of leprosy. The proportion of lepers to the white and negro population is the same for both, that is, 3.75 : 10,000, whilst the Chinese show 94.34 : 10,000; the result being that though the Chinese population represents only 4136 (consular figures) individuals in a population of about 250,000, no less than 34.8 per cent of the patients in the Leper Hospital are Chinese. Of course (the writer would suggest) the poverty of the latter race, as well as climatic influences, must be taken into consideration in judging of these figures, as a certain number of white lepers undoubtedly have the means to live more or less isolated at home, whilst the poorer Chinese have to seek the hospital. Further, in judging of the different degrees of immunity depending on race, the mode of life, combined with climatic influences, must be considered in relation to the Chinese. Nevertheless, the figures point to a very great susceptibility on the part of the latter race in relation to leprosy. Males and females are affected as 5 : 1.

Regarding the influence of heredity the report gives the following data: 80 cases having a clear family history were chosen, and the following figures obtained:

	No. of cases.	Percentage.
Descendants of leprous parents	15	18.75
" " tuberculous parents	29	36.25
" " " and leprous parents.	4	5.
Neither disease in parents	32	40.
Contagion	0	0.
	80	

The report draws attention to the intimate relation existing between leprosy and tuberculosis as evidenced by these figures, and the probability that the offspring of tuberculous parents offer a condition of susceptibility equally favorable for the development of either disease. The writer would add that the great frequency of tuberculosis in Havana (this would apply with particular force to the Chinese) will account to some extent for the larger percentage of tuberculous parents.

Contagiousness.—As regards the contagiousness of the disease, the report states that with one exception none of the 25 attendants have contracted the disease during the last 12 years. The exceptional case is that of a chaplain to the hospital, of whom it is stated that he died of leprosy in Spain. Dr. Arango states that he has never seen a case referable to contagion, and has known healthy individuals in a number of cases who have lived 28-30 years with lepers without acquiring the disease. Two cases are cited of boys born in the hospital of leprous parents, who showed no signs of the disease on attaining the ages of 14 and 18 years—the younger boy having continued to live in the hospital until he attained his 12th year.

Complications of leprosy with other diseases.—No cases of leprosy complicated with tuberculosis were observed. In those individuals where tuberculosis of the lungs might have been suspected, the sputa were stated to contain the bacillus lepræ and not the bacillus tuberculosis. In two cases leprosy was found associated with syphilis, the condition of the patients improving under specific treatment. In two cases leprosy and elephantiasis coexisted, and in still two others complications with small-pox were found; one of the latter died, the other recovered from the small-pox. No improvement has been observed as the result of complications with erysipelas.

Mental and sexual condition of lepers.—The patients remain intelligent, and the suicidal tendency is rare in spite of the depressing surroundings. Dr. Arango cites that he could find only one case (cited by Shelling) of suicide mentioned in the literature on leprosy, whilst only two have come under his observation. One was that of a Chinaman, who, apparently seized by a sudden impulse, threw himself from a window, and the other was that of a patient who had been dismissed improved, but killed himself in consequence of a sudden increase in the activity of the diseased process. Melancholia is rare, but one case is noted in a woman, whilst occasionally neuroses, hysteria and hystero-epilepsy were observed. The writer was struck by the apparent cheerfulness of the patients in the hospital, which in a way reminded one of the hopefulness so often seen in tuberculous cases. The patients took a good deal of pleasure in being photographed, even though they were pitifully hideous to behold.

As regards the sexual condition of the lepers, the observation of the older writers has been confirmed; no increased excitability was noticed, though sexual desire is retained to a pretty advanced stage of the disease.

Leprosy in Havana decreased until the Chinese came to the island to add to the numbers in the hospital. As far as the native population is concerned, the decrease, in consequence of isolation, will doubtless continue. The patient voluntarily enters the hospital, but, once within the gates, is practically a prisoner until death releases him, or a marked improvement in his condition occurs. Dr. Arango has seen two cases of apparent recovery, though the anæsthesia, and of course the deformity of the extremities remained.

Tabulated Result of the Obstetrical Practice of Robert Kennedy Nuttall, M. D., L. R. C. S. I. (deceased), covering a Period of Fifteen Years, ending 1865.—Dr. George H. F. Nuttall.

The following data are copied from a private memorandum made by my father when he gave up active practice in San Francisco, in which place he was engaged in obstetrical practice from the spring of 1850 to May, 1865. As I have no knowledge of his ever having published this table, it seems to me advisable to place it on record as a contribution to obstetrical statistics. My father was considered an exceptionally able obstetrician, and this, combined with the fact that he had to deal with a sturdy pioneer race, accounts for the excellent results here tabulated. It would be interesting to compare these figures with those of a practitioner of to-day armed with the antiseptic technique.

San Francisco, California, midwifery cases, from May, 1850 to May, 1865.

Total number of children born	3002	Arm presentations	13
		Still-born	6
Boys	1586	Leg presentations	26
Girls	1416	Still-born	6
Twin cases	22	Placentae previae	4
Children deformed	20	Still-born	1
Craniotomy necessary	16	Puerperal convulsions	7
Forceps used	240	Mothers died	2
Still-born	16	Mothers that died during labor, or within 15 days after, from all causes	15
Breech presentations	39		
Still-born	4		
Funis presentations	29		
Still-born	14		

RESIDENT'S ASSOCIATION OF THE JOHNS HOPKINS HOSPITAL.

The second annual meeting of the Resident's Association was held March 14, at 10 P. M., in the reading-room of the Hospital. Officers for the ensuing year were elected as follows:

President, Dr. Hunter Robb.
Vice-President, Dr. H. A. Lafleur.
Secretary and Treasurer, Dr. W. S. Thayer.
Historian, Dr. F. R. Smith.
Executive Committee, Drs. G. H. F. Nuttall, W. S. Thayer, J. Hewetson and H. Robb.

The second annual dinner will be held on the 5th of May, the anniversary of the opening of the Johns Hopkins Hospital.

Hunter Robb, *Secretary.*

NOTES ON NEW BOOKS.

The Principles and Practice of Medicine. Designed for the use of Practitioners and Students of Medicine. By WILLIAM OSLER, M. D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, etc. (*D. Appleton & Co., New York*, 1892.)

It may safely be predicted that this latest addition to the list is destined to take a foremost rank among the text-books on the principles and practice of medicine. It is a book of 1079 pages, covering fully the ground indicated by the title. Not only have all diseases usually included in text-books on general medicine found a place in this work, but some which have been commonly relegated to treatises on surgery or special departments of medicine, such as syphilis, rickets, erysipelas, septicæmia and pyæmia, anthrax, tetanus, leprosy, glanders, actinomycosis, have been included, and wisely so, as they are likely to come under the observation of the general practitioner. There will likewise be found descriptions of unusual diseases or diseases of limited distribution, such as Malta fever, mountain fever, acromegalia, ainhum, psorospermiasis, myiasis, for accounts of which the physician will turn in vain to most of the text-books on general medicine. This unusual fullness is accomplished by conciseness of statement and by assigning to each disease an amount of space proportionate to its importance, or prevalence, or our knowledge concerning it.

There are eleven sections in the book with the following captions: specific infectious diseases; constitutional diseases; diseases of the digestive system; diseases of the respiratory system; diseases of the circulatory system; diseases of the blood and ductless glands; diseases of the kidneys; diseases of the nervous system; diseases of the muscles; the intoxications, sunstroke, obesity; diseases due to animal parasites.

The most striking novelty in the classification of diseases is the bringing together in the section on specific infectious diseases under Tuberculosis of the whole subject-matter relating to tuberculosis, which is usually scattered throughout different parts of the text-books on medicine. Seventy-two pages are devoted to a most satisfactory consideration of the etiology and morbid anatomy, and of the different forms and localizations of tuberculous disease. In this way are gained unity and coherence, the assignment of the disease to its proper place under infectious diseases, and the avoidance of unnecessary repetitions.

It has become a task of much greater difficulty than formerly to write a text-book on general medicine which shall be abreast of the times, which shall contain the latest knowledge concerning the etiology of infectious diseases, and which shall present the results of the investigations of specialists in all departments of internal medicine as, for example, in diseases of the nervous system. Throughout this work the familiarity of the author with the best and most recent investigations, the results of which have hitherto only in small part taken their place in the current text-books, is apparent, and not less also a judicious and critical sifting of the new ideas, which have changed in so many directions our conceptions of diseases.

But what gives, perhaps, the special character and value to this work is the combination of a large and varied personal experience, with the critical knowledge of the literature of the subject, a combination of traits which enables the author to speak on many disputed questions with authority and decision.

The practical needs of the student and of the practitioner are kept constantly in view. Morbid anatomy and pathological histology are not discussed in more minute detail than belongs to a work on practical medicine. For these subjects the reader must consult for closer knowledge works devoted to them. Theoretical discussions are almost entirely lacking. On the other hand the symptoms, causation, diagnosis and treatment of diseases are discussed with all the fullness permitted by the scope and limits of the work.

The book is characterized by clear, concise and definite statement. With these traits the author has combined often a vividness of expression and a happy turn of phrase which render the book especially readable. The reader is not left in doubt as to the therapeutic views of the writer. While prominence is given to hygienic and non-pharmaceutical management where available, nevertheless the author recommends confidently the use of drugs where he believes them beneficial, and no less positively expresses his views as to their uselessness, or even harmfulness, when he is convinced of this.

Although the limits of the work do not permit the copious citation of authorities, one feature will be especially gratifying to American readers, and that is the fullness with which the peculiarities of disease in this country are treated and the justice which is done to American writers and observers in medicine. The historical note under typhoid fever and the consideration of the treatment of pleurisy by aspiration afford illustrations of the way in which credit is given to the work of American physicians, often ignored not only in foreign books, but even in writings in this country.

Among the diseases which seem to us to be treated in a particularly interesting and satisfactory manner may be mentioned typhoid fever, small-pox, tuberculosis, pneumonia, diseases of the heart and those of the nervous system. It is a pleasure to read the graphic and sensible description of hysteria.

It is impossible, within the limits of this review, to enter into a detailed consideration of the views of the author upon special subjects. It would be strange if the critical eye could not detect here or there a misstatement or an error, or that all of the opinions should meet universal approval.

We miss in the chapter on broncho-pneumonia any statement concerning the important bacteriological investigations of this affection. So, also, the results of the bacteriological study of the so-called diphtheria of scarlet fever are not given, although they have in large measure settled the relation of this complication to genuine diphtheria. The specific poisonous substance producing the characteristic symptoms of tetanus is not, as stated, a ptomaine, but is a toxic albumen. Meltzer's name is associated so directly with the investigation of the deglutatory murmurs that it should be mentioned. The mesenteric arteries are stated to be terminal, but they are so only in a functional, not in an anatomical, sense, and, as it stands, the sentence is misleading. It cannot be considered to add material support to the doubtless correct opinion that acute yellow atrophy of the liver is a rare disease, to mention that no case is reported in the Transactions of the Pathological Society of New York, as these cover only three years. The reviewer knows that a number of cases have previously been presented to this Society. In the sentence (p. 699), "The protoplasm of these cells (that is, polynuclear leucocytes) is filled with granules which are stained not by acid or basic coloring matters alone, but also by a combined fluid," the words "alone" and "also" should be omitted.

The work of the publisher is excellent. The book is attractive in appearance, and the numerous headings of paragraphs and subdivisions readily catch the eye and will materially assist the student. Especial care has been given to making the index complete.

W. H. W.

Bacteriological Diagnosis: Tabular Aids for Use in Practical Work. By JAMES EISENBERG, Ph. D., M. D., Vienna. Translated and augmented with the permission of the author from the second German edition, by NORVAL H. PIERCE, M. D., Surgeon to the Out-Door Department of Michael Reese Hospital; Assistant to Surgical Clinic, College of Physicians and Surgeons, Chicago, Ill. (*F. A. Davis & Co., Publishers, Philadelphia and London*, 1892.)

This is, without exception, the worst translation that has ever fallen into our hands. Not only this, but it exhibits throughout an utter ignorance of bacteriology on the part of the translator. We

cannot but express the greatest astonishment at the temerity shown by the translator in attempting the task, deficient as he evidently is not only in the knowledge of the German language but also in the subject treated. To set forth all the errors would be to write another book, so we will make but a few quotations to show that our condemnation is not too severe.

Beginning with the first page, we find in the preface "a bacteria" occurring twice instead of "a bacterium," and "bacteriæ" instead of "bacteria." In the index, Bacillus "sublilis" instead of "subtilis" is seen, which might be an oversight if it were not again misspelt at the head of the tabulated description (No. 14) which deals with this organism. We will pass over a vast number of comparatively small mistakes such as the translations "pretty" for "schön," "nourishing ground" for "Nährboden," "faint" for "matt" (dull), "spirules" and "spirillæ" for "spirilla," "flagellæ" for "flagella," "color-glass" for "Blende" (diaphragm), "object-glass" for slide, "éprouvette" for test-tube, "whitish fimbria" for "weislichen Saum" ("whitish border" would be more the author's meaning), and "slim staves" or "staffs" for "schlanke Stäbchen" (we usually speak of "rods" when speaking of bacilli). Wherever microscopic measurements are given we find "m." (meters) instead of "μ." On pages 14, 15 and 57, minus signs are omitted from in front of temperatures ranging from —10° to —20° C., thus taking all meaning out of the translation.

Serious errors would be represented by such translations as these, taken at random: P. 17, where the growing out of the Bacillus subtilis from spores is described "Stäbchen sprossen senkrecht auf die Längsachse der Sporen aus," translated "Staves sprout in the direction of long axis of spores." P. 24, "Häufchen, die zu einer kernigen, brauner Masse mit abgerundeten Ecken zusammenfliessen," translated "heaps, which amalgamate into a seedy, brown mass." Same page, "Umfangreiche, schnelle Verflüssigung, vom ganzen Impfstich gleichmässig ausgehend; gelbliche Verfärbung," translated "Growth elaborate, yellow, and quickly liquefying. The growth spreads from the entire inoculation point." P. 53, "im Condensationswasser," translated "in the water expressed in desiccation." P. 57, "Im Darminhalt von frischen Choleraleichen und Stuhlentlerungen Cholerakranker," translated "In the intestinal canals of recently moribund cholera patients and from the fæces of the same." Same page, "Am Anfang des Stichkanals bildet sich ein kleiner Trichter, es tritt Verflüssigung längs des Impfstichs ein, an der Oberfläche entsteht luftblasenartige tiefe Einsenkung," translated "Liquefaction begins slowly, commencing at the entrance of the puncture around an inclosed air bubble." Same page again, "nach Unterbindung der Gallengänge," translated "after ligature of the intestine below the bile duct." On p. 63 one's astonishment is somewhat increased by finding "verschiedenartige Zeichnung" translated "indifferent pictures." "Wasserstoff" (hydrogen) translated "water"—"ohne Sauerstoffzuführ" as "without addition of acid." On p. 72, "Schnittpräparaten" (sections) translated "excised preparations." On p. 79, instead of "Rauschbrandbacillus" we find "anthrax bacillus." It is pleasing to read (p. 86) that the spore formation of Bacillus anthracis "occurs most plenteous at breeding temperature." We cannot agree that the equivalent of the German "welche in der Richtung der Längsachse der Mutterzelle auskeimen," is given in "which spring from the long axes of the maternal cells." On p. 96, where the effects of the injection of Staphylococcus pyogenes aureus into the blood-vessels are considered, "nach Lädierung der Herzklappen" is translated "later they attack the valves of the heart," and so we might go on indefinitely.

In the third German edition of this book, which appeared in 1891, 376 micro-organisms are described, whilst this translation of the second edition appears in 1892 and describes some 138 micro-organisms. The Appendix belonging to the third German edition, which was not present in the second edition, has been added to the translation of the latter. We have not noticed much that is "augmented" in the translation, but much that is distorted and misstated. The climax was reached when we found the Plasmodium malariae (not mentioned in Eisenberg at all) classified under the heading "Pathogenic Bacteria." In justice to the publishers, we are only too happy to remark that the printing, and especially the binding of this book are well done.

On one point the translator justly gives himself credit, and that is in his preface where he says, "The arrangement of the text has been somewhat changed from the original." G. H. F. N.

A Practical Manual of Diseases of the Skin. By GEORGE H. ROHÉ, M. D., Professor of Materia Medica, Therapeutics, and Hygiene, and formerly Professor of Dermatology in the College of Physicians and Surgeons, Baltimore, etc., etc. Assisted by J. WILLIAMS LORD, A. B., M. D., Lecturer on Dermatology and Bandaging in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital. (*Philadelphia: The F. A. Davis Co., Publishers*, 1232 *Filbert Street.*)

Although Dr. Rohé modestly avers in his preface that no attempt has been made to add to the already numerous works of the dermatological specialist, a very handy and practical manual has been produced. The greater part of the book has been written by Dr. Rohé. The chapters, however, on "New Formations of the Skin," "Neuroses," and "Parasitic Skin Diseases" (about 40 pages) have been written in a very able and concise manner by Dr. Lord. A list of prescriptions is given at the end of the book which will be found to be of great practical value to students and physicians.

The author, after a short introduction, proceeds to describe the anatomy and physiology of the perspiratory glands, etc. Why not have begun with a short account of the anatomy and physiology of the skin itself, and its other appendages, viz. hairs and nails? There is a distinct error on page 3, where the total length of tubing (uncoiled) of the perspiratory glands is given as amounting to nearly *eighty* miles; it ought to be nearly eight miles (Piffard). A common complaint, the treatment of which is not mentioned in this book, is *seborrhœa oleosa*.

A very useful treatment of *acne rosacea* is not mentioned, viz. scarification followed by the application of tinct. ferri. perchlor.

Under *eczema*, we cannot agree with the statement that 75 per cent of all the skin diseases in children is due to eczema, as we are of opinion that a large proportion of these come under the head of impetigo contagiosa.

The references throughout the book to the list of prescriptions are often misleading, the number of the prescription frequently being given wrong.

The articles on *epithelioma*, *lupus erythematosus* and *vulgaris* are well written, and the differential diagnosis is given in a clear manner, so that no mistake ought to be made by students in the diagnosis of these very important diseases. The treatment usually recommended by Dr. Lord, in the majority of the diseases he has described, is decidedly "electrical." We can recommend this manual very highly to all students and physicians, who will find valuable aid in its contents, especially as to diagnosis and treatment.

Syphilis in Ancient and Prehistoric Times. By DR. F. BUBET, Paris, France. Translated from the French, with notes, by A. H. OHMANN-DUMESNIL, M. D. "Syphilis To-day and Among the Ancients." In three volumes. Volume I. (*Philadelphia and London, F. A. Davis, Publisher*, 1891.)

The object of the author in writing this little book is stated to be to spare the reader the herculean task of reading and collating everything known upon the subject of syphilis. He concludes from an examination of about two thousand volumes that the disease has existed as a scourge to the human race from prehistoric times, or, to use his own words, it is "as old as the world." He discovers traces of syphilitic disease upon prehistoric skulls from

Peru, Mexico and the Rio Negro. He believes that it existed among the Chinese 5000 years ago and was treated by mercury 3216 years B. C.; that it was known in Egypt in the 14th century B. C.; that it was known among the Assyrians and Babylonians 700 years B. C.; among the Hindoos 1000 B. C., and among the Hebrews 1921 B. C. The evidence presented as to syphilis in Bible times is not very convincing. Thus, for example, he reasons that Sarah was syphilitic because the Lord visited Pharaoh and his house with *great plagues* on account of her, "which means," if we are to believe the author, "that Pharaoh contracted from Sarah a venereal disease which he transmitted to his other wives or to those of his officers, who gave it to others. In short, the whole court was infected." Later he reasons similarly that Abimelech contracted the same disease from Sarah, which he transmitted in turn to his wives and concubines and rendered them barren. This disease he believes to be syphilis. The sterility of Sarah, in his opinion, was due to syphilis, which was eventually cured so that she bore Isaac late in life. This is all purely gratuitous assumption, without a word of proof. Of equal value are the statements of the author respecting David's condition. Because the child which Bathsheba bore him died in early infancy and David in one of his penitential psalms alludes to pains in his bones, it seems ample proof to him that David had syphilis. His collation of evidence that syphilis was known to the Greeks seems scarcely more conclusive. The extracts from the Roman writers are more to the point and constitute the most interesting part of the little book. The final chapter treats of the rational treatment of syphilis to-day, which, as might be expected, is based upon mercury and iodine, and really presents nothing new. The volume displays much erudition and the material has been gathered from every quarter. In spite of the fact that it is badly arranged, it will amply repay a careful reading.

H.

Pioneer Medical Men and Times in Kentucky. By JOHN A. OCCHTERLONY, A. M., M. D. Reprint from the *American Practitioner and News*. (*Louisville, John P. Morton & Company*, 1890.)

The above little book of forty-five pages is the author's address as president of the Kentucky State Medical Society. The earliest recorded medical man in Kentucky was an explorer in 1747, one Dr. Thomas Walker, a Virginian, who married a cousin of George Washington. The quality and quantity of his medical knowledge are unknown quantities, but it is known that he compounded electuaries and "a methredate [mithridate?] to make a medicine for mad dogs." The first practising physician was Dr. George Hartt, a native of Ireland, and the founder of regular medicine in Kentucky. He seems to have had considerable knowledge of medicine and literary culture. It is interesting to note his estimate of the value of his services from a bill rendered in 1780, viz: $240 for eight doses of calomel and $240 for four blistering plasters.

The first female physician, who also has the credit of making the first salt and the first loaf of bread in Kentucky, was Mrs. Frances Coomes, a woman of remarkably vigorous intellect, great originality and fertility of resource and strength of character. Her fame as a surgeon, physician and obstetrician extended beyond the limits of her own State. She was probably the first female physician upon the continent. The names of other pioneers could also be mentioned with interest to the reader, as Caldwell, who made an excision of the spleen; Ridgely, who was an intimate friend of Rush; Brashear, who amputated the thigh at the hip-joint, and Theobald, who was in the battle of the Thames, but space will not permit. The book is well worth reading as a contribution to local medical history and as showing what men of energy and force of character can accomplish in devising new operations without help from schools or elaborate training.

Nursing in Abdominal Surgery and Diseases of Women. By ANNA M. FULLERTON, M. D. Illustrated. (*Philadelphia: P. Blakiston, Son & Co.*, 1891, *pp.* 284.)

We have before us an excellent text-book for nurses, arranged in twenty-one chapters, covering all the important topics, and giving careful instruction as to the management and nursing of gynecological cases. At the end of the book is a good suggestive chapter on diet for the sick. The illustrations throughout are well made, being largely furnished by a well-known Philadelphia instrument-maker. The style is pleasant and readable, and a marginal analysis materially assists in finding special subjects in the text. Such an attempt to occupy a new field so successfully carried out is most praiseworthy. The critic has but one complaint to offer, and that is, in the case of recently invented instruments the name of the inventor, if known, should for a reasonable length of time be associated with his invention. This is the only reward the professional man can look for in his inventive work, as he voluntarily debars himself from the profits of patenting. The names should thus be retained for a series of years, until the instruments and devices become common property, and are everywhere known as the author's invention, or until the name has been forgotten in the lapse of time, the ultimate fate of all inventors.

It will readily be perceived that the author speaks for himself as well as his confreres. He would, however, disclaim desire to enter serious complaint against this admirable little book, as he is merely using the present opportunity to call attention to a general failing in the profession, one for which instrument-makers are in some measure responsible when they furnish the cuts.

H. A. KELLY.

DESCRIPTION OF THE JOHNS HOPKINS HOSPITAL.

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